MINNESOTA

HOLES IN THE SAFETY NETS

POVERTY PROGRAMS AND POLICIES IN THE STATES

A STATE ANALYSIS

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PREFACE

Although it may not be widely recognized, there is not a single "safety net" providing assistance to the poor throughout the United States. Instead, there are separate and differing safety nets in each state and the District of Columbia. The Center's Safety Nets Project was formed to examine each of these different configurations of programs.

The Project is now issuing 51 state reports -- one on the safety net in each state and the District of Columbia -- as well as a national overview report. This report is one in this series. We hope these reports are useful to policymakers and legislators, charitable and non-profit organizations, researchers and journalists, advocacy and community groups, and others concerned with public policies to assist those people who are poor.

In preparing these reports, we have focused on benefit programs and income-related policies such as cash and medical assistance programs, food stamps, unemployment insurance, low-income housing and energy assistance programs, the Special Supplemental Food Program for Women, Infants, and Children (WIC), and state tax policies. The reports do not cover programs providing services (rather than benefits) not because service programs are unimportant, but because our focus here is on the benefit programs and tax policies that directly affect the incomes and purchasing power of poor households and that are widely viewed as constituting the safety net.

In addition, the reports concentrate on the state safety nets as they existed in 1987 with a particular focus on their gaps and weak points. They do not include all changes that have been made by some states in recent months. As the reports indicate, the gaps in the safety nets of many states remain larger than many Americans realize. Narrowing these gaps can serve to help alleviate the effects of poverty and to diminish the ranks of the poor.

The focus here on benefit and tax policies should not suggest that we regard improvement in safety net programs as the complete agenda for dealing with poverty. Other efforts, such as improving the job skills and education of large numbers of low income youth, are critical. Both adequate safety nets and effective programs and policies that assist poor families and individuals to climb out of poverty and attain self-sufficiency are needed.

Minnesota Highlights

Estimated poverty rate, 1985	12.6%
Estimated number of poor, 1985	528,000

Key Program Data*

AFDC benefits as percentage of poverty line (for a three-person family without any other income)	70.4%
Combined AFDC and food stamp benefits as percentage of poverty line (for a three-person family without any other income)	90.0%
Medicaid income eligibility limit as percentage of poverty line (for a three-person family)	93.8%
Percentage of unemployed receiving unemployment insurance, 1986	38.3%
Percentage of state tax revenue from individual and corporate income tax, 1986	47.3%

Optional programs*	State has program?	Number of states with program
AFDC-UP	yes	28
AFDC emergency assistance	yes	2
SSI state supplement	yes	2
Statewide general assistance	yes	25
Full use of Ribicoff option for children	yes	32
Medicaid "SOBRA" option		
Pregnant women and children	no**	25
Elderly and disabled	no	4
Medicaid Medically Needy program	yes	36
Property tax circuitbreaker, 1985	yes	31
Covers households other than the elderly or disabled	yes	10
Covers renters	yes	25

*Data are from 1987, except where otherwise noted.

**Minnesota has waived the assets test under the SOBRA option for pregnant women and children, but it has not increased the income eligibility limit.

MINNESOTA

An estimated 12.6 percent of the population of Minnesota, or 528,000 people, lived in poverty in 1985.[1] This report focuses on the role of the state government in fashioning benefit programs to assist these people, as well as state tax policies that affect their purchasing power.

Several comments about the report should be made. It examines benefit programs as distinguished from service programs. For example, benefits provided to families and individuals through the Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), and unemployment insurance programs are examined, while grants to local governments, school districts, and service providers of education, day care or job training for low income people are not.

This report is not intended to provide a comprehensive picture of all efforts to aid those who are poor in the state. Nor does it emphasize changes in state policies that may have narrowed or widened gaps in the safety net in recent years. Rather, the purpose of the report is to examine the state's safety net as it existed during a very recent period of time (in most cases, 1987) and to focus attention on its gaps and weak points as a guide to possible improvements in the years ahead.

Many of those who are poor in Minnesota receive government assistance. But their eligibility and the level of assistance are highly dependent on whether or not they are working, married, elderly, disabled, parents, or children. Those who qualify for assistance often receive a level of aid that does not lift them to the poverty line.

There are sizable holes in Minnesota's safety net, even though Minnesota has a stronger system of government assistance to the poor than most states. AFDC and food stamp benefits combined still leave a family without other income below the poverty line. This occurs in part because AFDC benefits have declined 28.9 percent since 1970, after adjusting for inflation. Some poor families with children are not eligible for Medicaid, and singles and childless couples are primarily reliant for health care assistance on whatever programs for the medically indigent might exist. The shortage of low rent housing presents a problem for many poor households -- the number of very low-income renter households in Minnesota is

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1. The 1985 state poverty rate estimates, the latest available, were calculated by Christine Ross and Sheldon Danziger ("Poverty Rates by State, 1979 and 1985: A Research Note," *Focus*, Institute for Research on Poverty, Madison, Wisconsin, Fall 1987). These estimates are based on U.S. Census Bureau data and are more precise for states with large populations than for states with small populations. The 1985 estimates are not official government estimates, but should be more accurate as estimates of current state poverty rates than the latest available official government estimates, which are from the 1980 Census. In 1985, the national poverty rate was 14.0 percent.

more than *double* the number of very low-rent units. Finally, in 1986, less than two-fifths, or 38.3 percent, of the unemployed received unemployment insurance in the average month.

These and other aspects of the Minnesota safety net will be discussed in this analysis.

The first part of this analysis examines the effectiveness of cash assistance (AFDC, general assistance, and SSI), food stamps, and Medicaid for different types of households: single-parent families, two-parent families, the elderly and disabled, and singles and childless couples. The second part of the analysis discusses the effects on the poor of other programs and policies -- unemployment insurance, state taxes, housing assistance, low-income energy assistance, and the WIC program.

HOUSEHOLD TYPE AND LEVEL OF ASSISTANCE

The assistance provided by government poverty programs is strongest for the elderly and the disabled, although many individuals in these groups fail to receive enough assistance to bring them up to the poverty line. Assistance is less strong for single-parent families than for the elderly and is weaker still for two-parent families, although adoption of an AFDC-UP program by a state narrows this difference for two-parent families. Assistance programs are of the least help by far to single individuals and childless couples.

Cash and Food Assistance

There are separate government cash assistance programs for different types of poor households: AFDC for single-parent and (at a state's option) two-parent families, SSI for the elderly and disabled, and, at the option of states and localities, general assistance for singles and childless couples. All of these categories of poor households are eligible for food stamp assistance (a program with federally-set eligibility and benefit standards).

Single-Parent Families with Children

Poor single-parent families can receive cash assistance through the AFDC program. But even when combined with food stamps, this assistance leaves families in Minnesota below the poverty line. Unlike Social Security and federal SSI payments, which are set nationally and are adjusted yearly to keep pace with inflation, AFDC benefit amounts are determined by each state. Minnesota does not index benefits to inflation, and the value of its AFDC benefits has declined markedly over time.

In Minnesota:

- A single parent with two children, and with no income, is eligible for a maximum AFDC cash benefit of $532 per month, or $6,384 per year. This AFDC benefit equals 70.4 percent of the 1987 poverty line for a

family of three (the estimated three-person poverty line is $9,069 in 1987).

- This AFDC benefit level for a family of three ranks sixth out of all states.[2]

- The maximum food stamp benefit for a three-person family receiving the maximum AFDC cash benefit equals $148 per month. At most, AFDC and food stamp benefits combined can equal 90.0 percent of the poverty line.[3]

- However, more than one of every five AFDC households in Minnesota does not receive food stamps. Minnesota's food stamp participation rate for AFDC households is the ninth lowest in the nation, according to a recent report by the U.S. General Accounting Office.[4]

- For a single-parent family of *four* without any income, maximum AFDC benefits are $7,452 per year, which equals 64.1 percent of the 1987 poverty line (the estimated four-person poverty line is $11,629 in 1987).

- AFDC benefits have not kept pace with the rising cost of living. For example, the maximum benefit for a four-person family fell 28.9 percent from 1970 to 1987, after adjusting for inflation.

Many poor, single-parent families, moreover, cannot obtain any AFDC assistance. For instance, if a mother works she will often lose eligibility for

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2. State rankings include the District of Columbia. The state offering the most assistance is ranked "1," while the state offering the least assistance is ranked "51."

3. Computation of the maximum combined value of AFDC and food stamp benefits assumes that families receive the maximum food stamp shelter deduction allowed under federal law. (Food stamp households can receive a deduction, up to a maximum amount, for shelter costs that are high in relation to their incomes.) In fact, however, the majority of AFDC families do not receive the maximum food stamp shelter deduction. As a result, combined AFDC and food stamp benefits for most AFDC families without any other income are somewhat lower than the level reflected here.

4. The GAO reported that 78.1 percent of AFDC households received food stamps in Minnesota in fiscal year 1986, but 21.9 percent -- or 11,826 households -- did not.

Households in which all members are covered by an AFDC grant are automatically eligible for food stamps. In Minnesota, 87.2 percent of these households received food stamps, while the rest (numbering 5,095 households) did not. Among households consisting both of AFDC family members and other persons residing with them, only 52 percent received food stamps.

AFDC even though she has income below the poverty line (in part because only a small portion of earnings are disregarded in the calculation of AFDC benefits).

- For a single mother with two children in Minnesota who incurs deductible child care costs of $106 a month,[5] earnings of $733 a month -- equal to 97.0 percent of the poverty line -- mean the loss of all AFDC benefits after the fourth month she has held a job while on the AFDC rolls.

Most AFDC families with earnings, however, do *not* have deductible child care costs. In Minnesota:

- For a single mother with two children who does *not* get a child care deduction, earnings of $627 a month -- equal to 83.0 percent of the poverty line -- mean the loss of all AFDC benefits after the fourth month she has held a job while on the AFDC rolls.

Some 26 states also provide AFDC *emergency* assistance when a child's well-being is directly threatened by broadly-defined natural or domestic emergency situations. The emergency assistance program can benefit both single and two-parent families, by waiving various AFDC eligibility restrictions and providing cash assistance more quickly; however, the level and extent of emergency assistance are very limited. In states funding emergency assistance, families receiving regular AFDC benefits may also be eligible for emergency assistance in certain, restricted circumstances.

- Minnesota provides AFDC emergency assistance.

Two-Parent Families with Children

Federal law gives states the option to extend AFDC cash benefits to two-parent families with an unemployed primary earner.[6] Some 28 states have such a program (known as "AFDC-UP").

- Minnesota has an AFDC-UP program. (Benefit levels are similar to those in the AFDC program for single-parent families.)

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5. $106 per month is the average child care deduction for those AFDC families who get the deduction. The deduction is subtracted from a family's *gross* income. A family's *net* or *countable* income -- that is, its income after deductions or disregards -- determines its level of AFDC benefits. At the same time, there is also a gross income limit on AFDC eligibility. Families with incomes above this limit are not eligible for AFDC benefits, regardless of the level of deductions and disregards for which they may qualify.

6. Two-parent families with children in which one parent is "incapacitated" are eligible for AFDC benefits in all states if they meet their state's income and assets eligibility requirements.

AFDC-UP, however, fails to cover many poor two-parent families. This is both because (as with the AFDC program) many families below the poverty line still have incomes too high to receive benefits, and also because by federal statute, a two-parent family is only eligible for benefits if its primary earner works less than 100 hours in a month. A two-parent family with a full-time worker, but with very low income, is excluded from AFDC-UP coverage.

- In 1986, only 13.8 percent of the AFDC caseload in Minnesota consisted of two-parent families.

Food stamps are available to poor, two-parent families, whether working or unemployed, if their assets and income are low enough. Food stamp benefits are funded by the federal government, which also sets the eligibility and benefit standards for the program. These standards are the same throughout the continental United States.

- For a two-parent family of four without any income, the maximum monthly food stamp benefit (from October 1987 to September 1988) is $290 -- or 79 cents per person per meal. This benefit amount is reduced if the family has earnings or other income.

Many of the working poor are eligible but do not apply for food stamp benefits, perhaps because they are unaware of their eligibility, fear the stigma involved, or face other barriers to enrollment.

Elderly and Disabled

Even after receiving Social Security, which goes to both the poor and the nonpoor, many low-income elderly and disabled people have trouble meeting their basic needs. The Supplemental Security Income (SSI) program provides some of the elderly and disabled poor with additional cash assistance. The basic federal SSI payment level is set nationally and adjusted each year for inflation. Some 27 states have chosen to supplement the basic federal SSI grant, although only one state automatically adjusts these supplements for inflation.[7]

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7. This analysis focuses on state SSI supplements for elderly and disabled households living independently. Some states provide different supplement levels for elderly and disabled households in alternative living situations (such as those receiving in-home health care).

In Minnesota:

- For households without any income, SSI provides a maximum federal payment in 1987 of $340 a month ($4,080 a year) for an individual and $510 a month ($6,120 a year) for a couple.[8]

- Minnesota supplements the basic federal SSI grant by $35 a month for an individual and $66 a month for a couple. Together, the maximum federal and state supplemental SSI grants equal 82.5 percent of the poverty line for an individual and 100.4 percent for a couple.

- The value of the state supplement, after adjustment for inflation, declined by 52.5 percent for an individual and 26.5 percent for a couple from 1974 (the year SSI started) to 1987.

- SSI recipients may also receive food stamps, with benefit levels dependent on the deductions from income for which a household qualifies under federal food stamp rules. A household that has no other income except the maximum SSI benefit and that qualifies for the average level of deductions received by elderly food stamp households receives food stamp benefits of $32 per month for an individual and $44 per month for a couple.

- When this food stamp value is added to the maximum SSI payment, the combined assistance is equal to 89.5 percent of the poverty line for individuals and 108.0 percent for couples. However, many SSI recipients who are eligible for food stamps do not receive them.

Nationally, half of all SSI recipients receive Social Security benefits as well. However, SSI benefits are reduced by all but the first $20 of Social Security benefits; hence, the maximum net additional income for an SSI recipient who also receives Social Security can be no more than $20 a month above the maximum SSI benefit level in the state. Elderly people who qualify for SSI but not Social Security are usually individuals who have little or no work experience or who worked in occupations not covered by Social Security.

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8. The 1988 federal SSI benefit are $354 a month for a single individual and $532 a month for a couple. The 1988 levels are higher than the 1987 levels because of the annual SSI cost-of-living adjustment. However, the 1988 poverty lines will also be higher than in 1987, due to an adjustment for inflation. In inflation-adjusted value, and as a percentage of the poverty line, federal SSI benefits will be about the same in 1988 as in 1987. (For one and two-person households, there are different poverty lines for elderly and nonelderly households. The estimated 1987 poverty line for an elderly individual is $5,455; for a two-person elderly household, it is $6,882.)

Singles and Childless Couples

For single people and childless married couples who are poor but neither disabled nor elderly, little or no cash assistance is usually available. The majority of states do offer some form of general cash assistance, but it tends to be strictly limited in various ways. These "general assistance" programs may be either state or locally funded and administered. They are *not* subject to any federal standards or regulations.

In Minnesota:

- There is a state general assistance program serving needy people.
- For a household without any income, the monthly benefits are $203 for one person or $263 for a two-person household, which are equal to 42.1 percent and 42.6 percent of the respective poverty lines for these households.[9]

Poor singles and childless couples may be eligible for food stamps. Households without any income -- for example, without earnings, general assistance or unemployment insurance benefits -- can receive food stamps with a maximum monthly benefit of $87 for an individual and $159 for a couple. However, these federal benefit levels are equal to only 18.0 percent and 25.8 percent of the respective poverty lines for these households. If poor singles or childless couples have other sources of income, they still may be able to qualify for food stamps, but generally for less than the maximum benefit.

Medical Assistance

Health assistance for some low-income households is provided through the Medicaid program. Medicaid is administered under federal rules, but states have considerable discretion to decide which groups of low-income people are eligible for coverage and which services the state's Medicaid program will pay for. States share in the cost of the Medicaid program, which often prompts them to limit eligibility and to restrict the number of services provided.

Medicaid coverage is limited to certain categories of low-income families with children and low-income elderly and disabled people. All other categories of households are ineligible for coverage (except for pregnant women who live alone or as part of couples that do not have children).

Poor families receive Medicaid coverage through a variety of provisions. AFDC families automatically receive Medicaid; children and pregnant women in non-AFDC families may receive Medicaid under special provisions of federal or state law; and families whose incomes disqualify them from receiving AFDC may receive Medicaid if the state has adopted a "Medically Needy" program (see below) that has less rigid income eligibility requirements than does AFDC.

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9. Counties may supplement these benefits, but very few do.

Low-income elderly and disabled people generally may receive Medicaid if they are SSI recipients or if the state in which they live has taken advantage of state options that allow additional categories of low-income elderly or disabled people to be covered.

Singles and childless couples who are neither elderly nor disabled are essentially excluded from Medicaid coverage. They may be forced to rely on scanty state and local medical assistance programs for the indigent, if they receive any medical assistance at all.

Families with Children

Families that receive AFDC or AFDC-UP are automatically entitled to Medicaid. Poor children, pregnant women, and other members of families that do not receive AFDC may be entitled to Medicaid coverage under other provisions of federal and state law. These provisions can be of particular importance to individuals from poor two-parent families, since many poor two-parent families do not receive AFDC benefits. (For example, two-parent families with full-time workers are ineligible for AFDC-UP benefits, as noted above.)

The federal government currently mandates Medicaid coverage for pregnant women and children born after September 30, 1983 up to seven years of age who are from families whose incomes fall below a state's Medicaid income eligibility limit (see below), regardless of whether the families receive AFDC or have one or both parents present.

In addition, federal law provides states with a number of *options* under which a state may choose to expand Medicaid coverage. These include the Ribicoff option, the Medically Needy program, and the SOBRA option, all of which are discussed below.

Under the **Ribicoff** option, states can extend Medicaid coverage to children under age 21 who are from families with incomes below the state's Medicaid income eligibility limit, whether or not the families receive AFDC or have one or both parents present.

- Minnesota extends Medicaid coverage to all income-eligible children under 21 years of age.

States also have discretion in setting income eligibility limits for Medicaid coverage. An especially important state decision is whether it adopts a **Medically Needy** program. In states without a Medically Needy program, the Medicaid income eligibility limit equals the maximum "countable" income at which a family is eligible for AFDC benefits. (Countable income equals the family's gross income minus any deductions, such as some portion of earnings or child care expenses, that it can claim under AFDC rules.)

States with a Medically Needy program can expand eligibility for Medicaid in two ways. First, the state can set income limits for Medicaid that can be (and generally are) higher than the countable income levels at which a family is eligible for AFDC.

Second, a family whose countable income is above the Medicaid income eligibility limits, but whose medical expenses are so large that its remaining income *after medical expenses are deducted* is below the Medicaid limits, can be made eligible for Medicaid. For example, a hypothetical state may have a monthly AFDC income eligibility threshold of $400 and a Medically Needy program with a monthly income eligibility threshold of $450. In this imaginary state, a family with AFDC countable monthly income of $500 and incurred medical expenses of $80 would qualify for Medicaid. Its income after deducting medical expenses ($420) would be greater than the AFDC income eligibility threshold, but it would be less than the Medically Needy income eligibility threshold.

- Under the Medically Needy program in Minnesota, a family of three with a monthly countable income of less than $709, after deducting medical expenses, is eligible for Medicaid.[10] This income eligibility limit is equal to 93.8 percent of the poverty line for a family of three.

Another key option is the **SOBRA**[11] option. As a result of the enactment of SOBRA in 1986, states can increase their Medicaid income eligibility limits for pregnant women and young children. If a state adopts the SOBRA option for pregnant women and young children, its income eligibility limit can be set higher than the general Medicaid income eligibility limit in the state, but not in excess of the federal poverty line. Thus, this option enables states to extend Medicaid coverage to poor pregnant women and young children living in families with incomes up to the poverty line, regardless of whether the family is on AFDC, whether one or both parents are present, and whether the family is already incurring high medical costs.

Currently, SOBRA allows states to cover poor pregnant women and children up to the child's second birthday. As of October 1, 1988, states will have the option to extend Medicaid coverage to all children under age five who live in families with incomes up to the poverty guidelines.[12]

In January 1988, the SOBRA option for pregnant women and young children was in effect in 25 states.

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10. In some states with a Medically Needy program, the income eligibility limits vary by areas within the state. In such cases, income eligibility levels from the most representative area are cited.

11. The term "SOBRA" stands for Sixth Omnibus Budget Reconciliation Act, the name of the federal law that established this new Medicaid option.

12. Over time, the age limit will be increased further until (by October 1991) states will have the option to extend Medicaid coverage to all poor children under age eight. (Technically, the option applies to all children born after September 30, 1983, so that by October 1, 1991, the option will extend up to a child's eighth birthday.) In addition, federal legislation enacted in 1987 allows states to provide Medicaid coverage to pregnant women and infants (children less than one year old) who live in families with incomes less than 185 percent of the poverty guidelines.

- Minnesota has waived the assets test under SOBRA, but it has not increased the income eligibility limit.[13] (Again, its Medically Needy income eligibility limit is 93.8 percent, or just below the poverty line.)

In addition to having wide discretion in determining Medicaid eligibility, states also have substantial leeway in deciding which medical services Medicaid will pay for. The federal government requires that certain medical services be provided to all Medicaid recipients, but states have the option to have Medicaid pay for none, some, or all of 32 other medical services. These state options are often of vital importance to a household's health care. If a family is unable to afford services not covered by Medicaid, it may have to forego needed medical care.

- In 1986, Minnesota covered 29 out of 32 possible optional Medicaid services.

Elderly and Disabled

In most states, all of the elderly and disabled who receive SSI payments are eligible for Medicaid. However, this leaves many elderly and disabled poor people unserved. Nationally, only about one of every four elderly poor households receives SSI.

Some states have especially restrictive Medicaid eligibility criteria for the elderly and disabled and *fail* to cover all SSI recipients under Medicaid. (These states are sometimes called "209(b) states" due to the section of federal law that permits them to adopt Medicaid eligibility criteria that are more restrictive than the criteria used for SSI.) States are permitted to use Medicaid eligibility criteria as restrictive as those they used for their elderly and disabled poor in January 1972, before SSI began.

- Minnesota is one of just 14 states that does *not* extend Medicaid eligibility to all SSI recipients.

Some low-income elderly and disabled people who do not receive SSI can qualify for Medicaid under other provisions of federal and state law. States have the option of adopting a **Medically Needy** program for the elderly and disabled. Some 34 states have done so.

- Minnesota has a Medically Needy program for the low-income elderly and disabled. An elderly or disabled person with a monthly income of $402, after expenditures for medical care and other deductions, is

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13. The Children's Health Plan in Minnesota provides prenatal care for pregnant women and health services for children under six from families with incomes less than 185 percent of the federal poverty level who are not eligible for Medicaid and do not have other insurance coverage. Enrollment fees of $35 for prenatal care and $25 for child health services are charged and the program does not pay for delivery services.

eligible for coverage. This eligibility limit is 88.4 percent of the poverty level for a single elderly individual.

In addition to allowing states to raise the Medicaid income eligibility limits for pregnant women and young children, the **SOBRA** law also provides states with the option to extend Medicaid coverage to elderly and disabled people with incomes up to the poverty line.

- Minnesota has not adopted Medicaid coverage for the elderly and disabled under the SOBRA option.

Singles and Childless Couples

Poor singles and childless couples who are neither elderly nor disabled are generally ineligible for Medicaid. In many states, health care assistance for these individuals and couples is often provided only through local charities or state or county programs for the indigent. In some areas, they may be unable to get any form of assistance. The sole exception is pregnant women who live alone or as part of couples that do not have children; they may qualify for Medicaid coverage if their incomes are below the Medicaid income eligibility threshold in Minnesota.

OTHER PROGRAMS

The remainder of this analysis examines several other programs and policies that are of particular importance to poor people. In most (but not all) cases, these programs and policies are not limited to families with children or to elderly and disabled people, but affect broader groups of the poor. Included in this examination are: the unemployment insurance program, state tax policies that affect the poor, the federal low-income housing programs, the federal low-income energy assistance program, and the Special Supplemental Food Program for Women, Infants, and Children (known as the "WIC program").

In the first two areas to be discussed -- unemployment insurance and taxes -- states have substantial discretion. In the remaining areas, federal funding decisions currently are the critical factors in determining the scope and adequacy of a program in a state, although states can choose to supplement the federal effort.

Unemployment Insurance

Some individuals who lose their jobs involuntarily may qualify for unemployment insurance benefits. The states, subject to broad federal standards, have wide latitude in establishing eligibility and payment standards for these benefits.

The percentage of the unemployed receiving unemployment insurance benefits nationwide has been much lower in the 1980s than in the 1970s -- and fell to an historic low in 1986. Tighter eligibility requirements for benefits in some states (spurred in part by federal pressure on states not to run deficits in their

unemployment insurance programs) contributed to this occurrence, as did sharp federal cutbacks in the extended benefits program that provides additional weeks of unemployment insurance to the long-term unemployed.

On a nationwide basis, only 33 percent -- or one in every three unemployed workers -- received unemployment insurance benefits in an average month in 1986. In Minnesota:

- 38.3 percent of the unemployed received unemployment insurance benefits in an average month in 1986.[14]
- Minnesota ranked ninth among all states by this measure.

Unemployment insurance benefits, moreover, generally replace half or less of the wages an unemployed worker previously earned. In Minnesota:

- Average unemployment insurance benefits equaled 45.0 percent of the average weekly wages of workers covered by unemployment insurance. (For some unemployment insurance recipients, of course, the proportion of their previous wages that are replaced is greater than this average, while for others, it is lower.)

Low-wage workers who are intermittently employed are especially unlikely to be assisted by the unemployment insurance system. Such workers may fail to meet eligibility requirements established by their states, including requirements that to qualify for benefits, a worker must have been employed for a minimum period of time and have earned at least a minimum amount before losing his or her job.

Taxes

In nearly all states, state and local taxes constitute a substantial burden on poor households. Even *before* enactment of the federal tax reform law of 1986, poor people paid much more in state and local taxes than in federal taxes. This is because state and local tax systems are *regressive* in virtually all states -- that is, state and local taxes take a larger percentage of the income of low and moderate income people than of upper income people.

Just how regressive a state's tax code is depends upon several factors -- the types of taxes upon which the state relies most heavily, the structure of specific taxes such as state income and sales taxes, and the existence (or absence) of tax relief programs for low-income people.

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14. Although 1986 data were used here and in the national overview for comparative purposes, 1987 data were recently tabulated. In Minnesota, the percentage of the unemployed receiving unemployment insurance fell to 31.9 percent in 1987. Nationwide, coverage fell to 31.5 percent in 1987, another historic low.

States typically raise their revenues from a variety of sources, such as personal and corporate income taxes, sales taxes, license fees, etc. The extent to which a state relies on income taxes to raise revenues is particularly important. State income taxes tend to be progressive (or, at the least, to impose tax burdens that are proportional to income). But most other forms of state taxation tend to be regressive.

In Minnesota, state revenues in 1986 were generated from the following sources. (Please note that this list includes *state* taxes only. *Local* taxes -- which are primarily property taxes, but which may also include local sales or income taxes in some areas -- are *not* reflected in this list.)

Individual income	39.8%
Corporation net income	7.5
General sales	27.7
Selective sales	17.4
License	7.0
Other taxes	0.7

As the table indicates, Minnesota collects 47.3 percent of its revenue through the state individual and corporate income taxes.

Also of considerable importance is the structure of a state's individual income tax code. Poor families have been removed from the federal income tax rolls. However, many states continue to tax the working poor deeper into poverty. In 1988, two-parent families of four with incomes at or below the poverty line will be exempt from state income taxes in 13 of the 41 states with incomes taxes. In the other 28 states with income taxes, some poor families will continue to owe income tax.

In Minnesota:

- A two-parent family of four will begin to owe income taxes when its income reaches $12,800 (which is above the estimated 1988 poverty line).

For poor households in most states, sales tax burdens are quite heavy. Sales taxes are inherently regressive because they are taxes on consumption. Unlike the high incomes of the wealthy, virtually all of the income of the poor goes for consumption. In Minnesota:

- The sales tax rate was 6.0 percent in 1987.
- 27.7 percent of all state revenue was collected through a general sales tax.

The burden of the sales tax on low-income households is moderated somewhat if a state does not tax purchases of food and utilities. However, the sales tax generally remains highly regressive even if food and utilities are exempted.

Twenty-nine states exempted most grocery store food purchases from the sales tax in 1986. Thirty-two states exempted utilities. In Minnesota:

- Food and utilities were exempt from taxation.

Seven states have established sales tax credits to ease sales tax burdens on some or all low (or low and moderate) income households. Under these credits, eligible households are compensated for a portion of their sales tax burdens either by having their state income taxes reduced or by receiving a reimbursement check from the state government.

- Minnesota does not have a sales tax credit.

Substantial as the sales tax burden can be, local property taxes are generally even more burdensome for those with low incomes. In most local areas around the country, the property tax is the heaviest tax imposed on the poor by any level of government.

It should be noted that both homeowners *and renters* bear property tax burdens. Landlords pass along most or all of their property taxes (along with mortgage costs and other business expenses) in rental charges.

Because property tax burdens on low-income households are so high, a majority of states have established property tax relief programs for some or all low-income (or low and moderate income) households. These programs are often called "circuitbreakers" (although other names are used for these programs in some states). Property tax relief programs are almost always established and administered at the state level, because localities -- especially those with large concentrations of poverty -- generally cannot afford to provide such relief.

Some 31 states currently have circuitbreaker programs, with benefits typically provided as tax credits. Low-income households apply for the credits, and if eligible, the credit is applied against their income tax liability. (In some states, if the circuitbreaker exceeds the income taxes owed, the household is sent a check for the difference.) Benefits are generally reduced as income rises. One impediment to the success of the circuitbreaker is that potential recipients are often unaware of their eligibility.

Unfortunately, some state circuitbreaker programs are very limited. Most states, for example, restrict the circuitbreaker to the low-income elderly, thus shutting out families with children.

In addition, some states restrict eligibility for the circuitbreaker to homeowners. Fortunately, most states with circuitbreakers do cover renters; in these states, the circuitbreaker program assumes that a specified percentage of a household's rent payments (usually 15 to 25 percent of these payments) goes for property taxes.

- Minnesota has a circuitbreaker program.[15]

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15. Circuitbreaker information is from 1985.

- Eligibility for the circuitbreaker is extended to homeowners and renters of all ages.

- The average annual benefit from the circuitbreaker in Minnesota was $294 in 1985, and benefits could be extended to households with incomes up to $40,000.

Housing

The federal government funds several low-income housing programs. These programs generally fall into two categories -- support for public housing and rental subsidies for low-income households living in privately-owned rental housing. In both the public and subsidized housing programs, low-income tenants are generally assessed rental charges equal to 30 percent of their incomes.

Low-income housing programs assist two groups -- those classified as "low-income" households and those classified as "*very* low-income" households. Under federal regulations, "low-income" households are those whose incomes are less than 80 percent of the median household income in their area. "Very low-income" households are those whose incomes fall below 50 percent of the median household income in their area.

Unlike a number of other basic low-income assistance programs, housing is *not* an entitlement program. This means that benefits are not automatically provided to all households that apply and are found eligible. Instead, the federal government allocates a fixed amount of money to low-income housing assistance. The current funding level is far below what is needed to cover all eligible applicants and, as a result, the vast majority of needy households do not receive housing assistance. Many urban areas have long waiting lists of poor households that have applied and been found eligible -- but for whom there is no room in the programs.

- In 1985, some 77,519 renter households in Minnesota received federally-supported low-income housing assistance. These recipient households include both households classified as "low-income" and households classified as "very low-income."

- Yet in 1983, the number just of "very low-income" renter households residing in Minnesota totalled 169,070. (1983 is the latest year for which these data are now available.)

- If all those who received rental assistance were "very low-income" renters, then no more than 45.9 percent of eligible "very low-income" households would have received aid. However, since some of those households receiving assistance were "low-income" households (rather than "very low-income" households), the 45.9 percent figure overstates the true percentage of "very low" income renters actually receiving assistance.

Other measures of unmet needs for low-income housing, including the huge number of homeless individuals in some areas of the country, also indicate the large gap between low-income housing availability and the need for such housing. The Low Income Housing Information Service has issued a "Rental Housing Crisis Index," which uses Census data to compare the number of very low-income renter households in each state to the number of very low rent housing units in the state. The Rental Housing Crisis Index shows that the number of very low-income renter households substantially exceeds the number of very low-rent units in most states.[16] In Minnesota:

- The Rental Housing Crisis Index indicates that in 1985 the number of very low-income renter households exceeded the number of very low-rent units by *110.0 percent*. This represented a shortage of 61,125 very low-rent units.

Unfortunately, the already large gap between the number of very low-income households and the number of rental units available at a low rental cost is expected to grow even wider for the duration of this century. In June 1987, the Neighborhood Reinvestment Corporation, a Congressionally-chartered institution, issued a major study which reported that nationwide, if recent trends continue, by the year 2003 there will be 8.8 million more low-income households unable to find low rent units than there were in 1983. The causes of the growth in this gap include an expected increase in the need for low-rent housing, the expiration of many current federal low-income housing contracts, and the dearth of production of low-rent housing by the private market.

The modest proportion of low-income households now being assisted by the federal low-income housing programs is essentially a result of federal funding decisions, not of state or local action. However, the substantial unmet need for housing, along with the likelihood that this problem will grow considerably worse in the years ahead, suggests a major need for states and localities to step in to help fill these gaps.

Energy Assistance

The total energy costs of households are sharply higher than a decade ago and consume a much higher proportion of the income of low-income households than of other households. In 1986, the average household nationwide spent 3.9 percent of its income on home energy costs, but the average low-income

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16. The definition of "very low income" renter households used in the Rental Housing Crisis Index differs from the U.S. Department of Housing and Urban Development (HUD) definition of "very low income" renter households. The LIHIS definition covers households with incomes at or below 50 percent of the median *renter* household income in the state. HUD's definition covers renter households with incomes at or below 50 percent of the median income of *all* households in their area, including both renters and homeowners. The Rental Housing Crisis Index defines "very low rent" housing units as units that rent for no more than 30 percent of the income cutoff for "very low income" renters.

household eligible for government energy assistance spent 15.1 percent of its income on these expenses.

To help low-income households meet these high energy bills, the federal government provides funds for the Low Income Home Energy Assistance Program (LIHEAP), which is administered by the states. Like the low-income housing programs, LIHEAP is not an entitlement program and falls well short of meeting the full need for aid. Because of limited federal funding levels, on a nationwide basis the program covers only a relatively small portion of the heating and cooling costs of eligible, low-income households.

- In fiscal year 1987, Minnesota's share of the federal LIHEAP appropriation equaled 32.8 percent of the estimated total heating and cooling costs[17] of all low-income households in Minnesota which were potentially eligible for assistance under federal guidelines. This percentage is expected to be lower in fiscal year 1988, since federal LIHEAP funding for 1988 was cut.

The WIC Program

Administered through local health clinics, the federally-funded Special Supplemental Food Program for Women, Infants and Children (WIC) provides food supplements and nutrition counseling to pregnant and nursing women, as well as to infants and children up to age five. Recipients must be both low-income and nutritionally at risk. Since WIC is not an entitlement program, and since federal funding levels are sufficient to reach fewer than half of those eligible nationwide, many eligible women and children are left out of the program.

- In Minnesota, an estimated 51.5 percent of those who are eligible are served under the federally-funded WIC program.[18]

Some 11 states have chosen to provide state funds to supplement the WIC program, which can increase the proportion of eligible women, infants, and children who are served.

- Minnesota supplements the WIC program, having appropriated $1 million

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17. Heating and cooling costs average less than half of the total energy costs of low-income households (on a nationwide basis).

18. These figures were calculated using the number of WIC recipients as of June 1987 and an estimate of the number of WIC eligibles in the state in 1984. The estimate of WIC eligibles in each state for 1984 was calculated by increasing the number of WIC eligibles in that state in 1979 (as estimated by the U.S. Department of Agriculture) by the percentage that the number of WIC eligibles *nationwide* increased from 1979 to 1984. This estimating procedure is used because the most recent U.S. Department of Agriculture estimates for the number of WIC eligibles in each state are for 1979 while the most recent estimates for the number of WIC eligibles in the nation are for 1984.

for two years. The supplemental program was not yet in effect in June 1987 (the month for which the above participation rate was calculated).

Minnesota is one of 14 states that has a federally funded Commodity Supplemental Food Program which has a target population similar to that of WIC although it serves only 457 participants (all of whom live on the Red Lake Reservation).[19]

19. The WIC participation rate mentioned above did account for these CSFP participants. CSFP participants are ineligible for the WIC program; therefore, the Center adjusted USDA's 1984 WIC eligible pool by subtracting out CSFP participants who otherwise meet WIC eligibility criteria.